

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/583 795

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2			/			
3			/			
4			/			
5			/			
6			/			
7						
8					6	
9			/			
10			/			
11			/			
12					1	
13			/			
14			/			
15					6	
16			/			
17			/			
18			/			
19					0	
20					0	
21					0	
22					0	
23					0	
24					1	
25					1	
26					1	
27					1	
28					1	
29					1	
30					1	
31					1	
32					4	
33					1	
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50						
TOTAL IND.			22			
TOTAL DEP.			29			
TOTAL CLAIMS			51			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						